

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2	1							
3	1							
4	2							
5	2							
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TOTAL IND.	J							
TOTAL DEP.	4		←		←		←	←
TOTAL CLAIMS	7		[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								